

PERSONAL INFORM	ATION			
LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NU	
MAILING ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE NUMBER	WORK OR N	10BILE PHONE NUMBER	R	GENDER
HOME EMAIL ADDRESS				
BIRTHDATE (MM-DD-YYYY)	FORMER LA	ST NAME(S)	HIGHEST ED	UCATIONAL DEGREE
Certification Office. Contact info	cant to maintain current information rmation can be changed online ith a photocopy of the legal do	at https://education	i.alaska.gov/Teache	
CERTIFICATE INFO	RMATION			
I am requesting a copy	of my:			
☐ Teacher certificate	☐ Administrative cert	ificate □ Spe	ecial services ce	rtificate
☐ I would like a copy o☐ I would like a copy o				
Date(s) of expired ce	rtificate:			
FEE SCHEDULE				
district copy. You ma	certificate is \$25.00 pe ay pay via the EED Onl s will not be accepted	line Payment Ce		
P P /	ent center, include the Entry https://education.alask	,		
I certify that the info of my knowledge.	rmation provided in t	his application	is true and co	orrect to the bes
Applicant Signature		 Date		

Department of Education & Early Development, Teacher Education and Certification
801 West 10th Street, Suite 200, PO Box 110500 Juneau, AK 99811-0500
Phone: (907) 465-2831 Fax: (907) 465-2441 tcwebmail@alaska.gov

other third party.

Duplicate Certificates will be mailed to the certificate holder, not to a school district or